



TESTIMONY BY Jasmine L. Tyler
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House Bill 190
Judicial Proceedings
Correctional Services - Geriatric and Medical Parole

Chair Clippinger, Vice Chair Bartlett, and members of the House Judiciary Committee thank you for the opportunity to submit testimony in strong support of HB 190. This bill advances long-overdue reforms to Maryland’s geriatric and medical parole processes. I am Jasmine L. Tyler, the Executive Director of the Justice Policy Institute (JPI), a national organization that promotes fair and effective legal policies.

This bill is not just about policy change but about compassion, fiscal prudence, and public safety. With Maryland’s aging prison population continuing to grow, HB 190 provides a critical opportunity to realign our approach to parole for individuals who are elderly, chronically ill, or otherwise incapacitated. These individuals pose minimal risk to public safety, yet their ongoing incarceration imposes significant moral and financial costs on our state.

The Case for Reform: Compassion, Safety, and Fiscal Responsibility

Over the past three decades, the proportion of incarcerated individuals aged 55 or older in U.S. state and federal prisons has increased fivefold, rising from 3 percent in 1991 to 15 percent in 2021.¹ This demographic shift is even more pronounced among those serving life sentences; by 2020, 30 percent of individuals serving life terms were at least 55 years old.² In Maryland, this

¹ Emily Widra, “The Aging Prison Population: Causes, Costs, and Consequences,” Prison Policy Initiative, August 2, 2023, <http://www.prisonpolicy.org/blog/2023/08/02/aging/>.

² Emily Widra, “The Aging Prison Population: Causes, Costs, and Consequences,” Prison Policy Initiative, August 2, 2023, <http://www.prisonpolicy.org/blog/2023/08/02/aging/>.

trend is clear: the state incarcerates approximately 3,000 individuals over the age of 50, with nearly 1,000 aged 60 or older.³

Research consistently demonstrates that age is one of the most reliable predictors of declining criminal behavior. Individuals over 60, such as those eligible under HB 190, represent the lowest risk group for recidivism. National studies have found that reoffense rates for people released at age 60 or older are quite low, a stark contrast to the recidivism rates of younger populations. The New York City Council's *Justice in Aging* report indicates that 4 percent of individuals over 65 return to prison for new convictions within three years of release.⁴ This low likelihood of reoffense underscores a fundamental reality: incarcerating aging individuals long past their active years of offending offers no meaningful public safety benefit.

The reality for many of these individuals is bleak. Incarcerated people experience “accelerated aging” due to the stress of incarceration, poor medical care, and lack of access to health-promoting environments. A 55-year-old in prison typically has the health profile of someone 10–15 years older in the general population. Conditions like diabetes, hypertension, and liver diseases are common, making this population among the most medically expensive to incarcerate.⁵

Maryland taxpayers bear the financial burden of this system. The average annual cost of incarcerating an individual exceeds \$60,000 per year,⁶ but for older incarcerated individuals with chronic medical needs, that cost is higher due to additional health care costs.⁷ Much of this spending goes toward addressing health issues that could be better and more humanely treated in community settings. These rising costs come with diminishing returns: as individuals age and their health deteriorates, their ability to pose a threat to public safety diminishes, making their continued incarceration a poor investment of public resources.⁸

³ Justice Policy Institute, “Rethinking Approaches to over Incarceration of Black Young Adults in Maryland,” Justice Policy Institute, November 2019, https://justicepolicy.org/wp-content/uploads/justicepolicy/documents/Rethinking_Approaches_to_Over_Incarceration_MD.pdf.

⁴ NYC Council Data Team, “Justice in Aging,” New York City Council, 2023, <https://council.nyc.gov/data/justice-in-aging>.

⁵ Ahalt, Cyrus, Robert L. Trestman, Jody D. Rich, Robert B. Greifinger, and Brie A. Williams. 2013. “Paying the Price: The Pressing Need for Quality, Cost, and Outcomes Data to Improve Correctional Health Care for Older Prisoners.” *Journal of the American Geriatrics Society* 61, no. 11 (November): 2013–19. <https://doi.org/10.1111/jgs.12510>.

⁶ Maryland Department of Public Safety and Correctional Services, Office of Government and Legislative Affairs. Testimony on House Bill 278. Maryland General Assembly, Regular Session, 2022. Available at: https://mgaleg.maryland.gov/cmte_testimony/2022/jpr/1Mt8x-HqV5q0quEC1x459L296-RnLJ0Ex.pdf

⁷ JFA Institute and The Pandit Group, “Building on the Unger Experience: A Cost-Benefit Analysis of Releasing Aging Prisoners” (Open Society Institute - Baltimore, January 2019), <https://www.osibaltimore.org/wp-content/uploads/2019/01/Unger-Cost-Benefit3.pdf>.

⁸ Matt McKillop and Alex Boucher. “Aging Prison Populations Drive Up Costs: Older Individuals Have More Chronic Illnesses and Other Ailments That Necessitate Greater Spending.” *Pew Charitable Trusts*, February 20, 2018. <https://www.pewtrusts.org/en/research-and-analysis/articles/2018/02/20/aging-prison-populations-drive-up-costs>; See also, Justice Policy Institute, *Compassionate Release in Maryland: Recommendations for Improving Medical and Geriatric Parole*. January 2022. <https://justicepolicy.org/wp-content/uploads/2022/02/Maryland-Compassionate-Release.pdf>.

For Maryland, this reform is not theoretical. During the first year of the COVID-19 pandemic, when vaccines were not yet available, the Maryland Parole Commission (MPC) received 201 medical parole requests. However, only 27 of those requests—less than 15%—were approved, highlighting the limited use of medical parole even in a public health crisis.⁹ Between 2015 and 2020, only 86 individuals were granted medical parole out of hundreds of requests. These figures demonstrate how Maryland’s medical parole process remains severely underutilized, even in emergencies. HB 190 offers an opportunity to change this by making life-saving policies a permanent feature of Maryland’s legal system. It ensures we treat older and medically vulnerable individuals with dignity while reallocating resources to where they are most needed.

Addressing Racial Disparities

Maryland’s legal system exhibits profound racial disparities, particularly among those serving long sentences. As of 2023, over 70 percent of the state’s prison population was Black, despite Black individuals comprising less than one-third of the state’s population.¹⁰ This disparity is more than double the national average. These inequities are especially stark among individuals sentenced as emerging adults aged 18 to 24. Nearly 80 percent of emerging adults who have served 10 or more years in Maryland prisons are Black—the highest rate in the nation.¹¹

Decades of policies have disproportionately targeted under-resourced communities of color. Aggressive policing, punitive sentencing, and restrictive parole practices have all contributed to the overrepresentation of Black individuals in Maryland’s prisons. HB 190 offers a pathway to address these systemic inequities by reforming geriatric and medical parole policies. Implementing these reforms would not only reduce the prison population but also mitigate the disproportionate impact of incarceration on Black communities and promote a more equitable legal system in Maryland.

Fiscal Benefits of HB 190

Beyond its moral imperatives, HB 190 is sound fiscal policy. We can estimate the fiscal savings of releasing these individuals using the methodology employed by JFA Associates in *Building on the Unger Experience: A Cost-Benefit Analysis of Releasing Aging Prisoners*.¹² Using the updated figures provided by the Maryland Department of Public Safety and Correctional

⁹ Lila Meadows. (2023). Testimony to the Judicial Proceedings Committee on medical parole statistics, 2015–2020. p. 33. Retrieved from https://mgaleg.maryland.gov/cmte_testimony/2023/jpr/12595_02072023_161859-223.pdf

¹⁰ Lisa Woelfl, “As Pandemic Eases, Share of Black Inmates in Maryland Prisons Peaks,” *Maryland Matters*, April 17, 2024, <https://marylandmatters.org/2024/04/17/as-pandemic-eases-share-of-black-inmates-in-maryland-prisons-peaks/>.

¹¹ Justice Policy Institute, “Rethinking Approaches to over Incarceration of Black Young Adults in Maryland,” Justice Policy Institute, November 2019, https://justicepolicy.org/wp-content/uploads/justicepolicy/documents/Rethinking_Approaches_to_Over_Incarceration_MD.pdf.

¹² JFA Institute and The Pandit Group, *Building on the Unger Experience: A Cost-Benefit Analysis of Releasing Aging Prisoners*, prepared for Open Society Institute-Baltimore, January 2019, <https://www.osibaltimore.org/wp-content/uploads/2019/01/Unger-Cost-Benefit3.pdf>.

Services (DPSCS), the annual cost of incarceration is \$60,360 per individual (\$5,030 per month).¹³ Incorporating medical expenses for the aging population—based on the *Building on the Unger Experience* methodology, which doubles the \$7,956 medical cost for elderly incarcerated individuals—the total annual fully-loaded cost per HB 190 eligible individual is \$68,316.

According to data from the Department of Public Safety and Correctional Services, 439 individuals would currently qualify for release under HB 190. The annual fully loaded cost of incarcerating this population is approximately \$30 million ($\$68,316 \times 439$). Using the average life expectancy of 18 years as calculated in *Building on the Unger Experience*, the state would spend \$1.2 million per person ($\$68,316 \times 18$) to incarcerate these individuals for the remainder of their lives. In total, this amounts to **\$540 million** in projected incarceration costs for this group over the next 18 years.

These figures do not include additional potential savings from closing housing units or facilities as the aging population decreases, which could yield even greater fiscal benefits in the long term.

It is also important to consider the societal costs averted by release. Aging individuals in prison disproportionately require expensive medical interventions, with healthcare costs for this population being two to three times higher than those for younger individuals. Redirecting these individuals to community-based care—which is more cost-effective and more humane—can dramatically reduce Maryland’s corrections healthcare expenditures. According to national estimates, healthcare in a community setting costs approximately 70 percent less than in a prison environment.

Finally, releasing these individuals allows resources to be reallocated to public safety strategies that are proven to reduce crime, such as community-based violence prevention programs and reentry support services. These investments deliver a higher return on public safety and economic well-being than the continued incarceration of individuals who no longer threaten public safety.

Conclusion: A Call to Action

The question before you today is whether Maryland will continue to pour millions into incarcerating individuals who no longer pose a threat or seize this opportunity to enact reforms that reflect our shared values of justice, fiscal responsibility, and compassion. HB 190 offers a sensible, evidence-based approach that benefits taxpayers, strengthens public safety, and upholds human dignity.

¹³ Maryland Department of Public Safety and Correctional Services, Office of Government and Legislative Affairs. Testimony on House Bill 278. Maryland General Assembly, Regular Session, 2022. Available at: https://mgaleg.maryland.gov/cmte_testimony/2022/jpr/1Mt8x-HqV5q0quEC1x459L296-RnLJ0Ex.pdf

I urge you to support this critical legislation and ensure its swift passage. Let us work together to create a more just, equitable, and effective legal system for Maryland.

Thank you for your time and consideration.